

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☐ Special Odd-Year Campaign Report  
☐ Semi-annual Statement  
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Type or print in ink.

COVER PAGE LONG FORM

CALIFORNIA  
1994 FORM **490**

Page 1 of 4  
For Official Use Only

Statement covers period  
from October 1, 1996  
through October 19, 1996

Date Stamp

RECEIVED  
OCT 23 PM 2:32  
JERRY L. GLENN  
CITY CLERK

Date of election if applicable:  
(Month, Day, Year)

NOV 5 1996

**I Officeholder, Candidate, and Controlled Committee  
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

Susan Hitchcock

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL MEMBER

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

2443 MacArthur Parkway

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209) 334-9362

COMMITTEE NAME

Committee for Susan Hitchcock

I.D. NUMBER

961523

COMMITTEE ADDRESS (NO. AND STREET)

2443 MacArthur Parkway

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209) 334-9362

NAME OF TREASURER

Jerry L. Glenn

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

2443 MacArthur Parkway

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209) 334-9362

**II Other Committees Not Included in this Statement:** List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

**III Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 23, 1996 At Lodi CALIF.  
DATE CITY AND STATE

By Jerry L. Glenn  
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-23-96 At Lodi, California  
DATE CITY AND STATE

By Susan Hitchcock  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>OCT 1 1996</u> through <u>OCT 19 1996</u>	CALIFORNIA 1994 FORM <b>490</b>
Page <u>2</u> of <u>4</u>	I.D. NUMBER <u>961523</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE FOR SUSAN HITCHCOCK

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A & B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>632</u>	\$ <u>3158.98</u>	\$ <u>3,790.98</u>
2. Loans Received	Schedule B, Line 7	\$ <u>0</u>	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>632</u>	\$ <u>4158.98</u>	\$ <u>4,790.98</u>
4. Non-monetary Contributions	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>632</u>	\$ <u>4158.98</u>	\$ <u>4,790.98</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>632</u>	\$ <u>4158.98</u>	\$ <u>4,790.98</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>1,377.05</u>	\$ <u>1,162.02</u>	\$ <u>2,539.07</u>
9. Loans Made	Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>1,377.05</u>	\$ <u>1,162.02</u>	\$ <u>2,539.07</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ <u>0</u>	\$ <u>4,377.05</u>	\$ <u>4,377.05</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>1,377.05</u>	\$ <u>1,162.02</u>	\$ <u>2,539.07</u>

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>3,096.96</u>
14. Cash Receipts	Column A, Line 3 above	\$ <u>632.00</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0</u>
16. Cash Payments	Column A, Line 10 above	\$ <u>1,377.05</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>2,351.91</u>

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u>0</u>	\$ <u>3,790.98</u>
22. Expenditures Made	\$ <u>0</u>	\$ <u>2,539.07</u>

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	\$ <u>0</u>
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>1,000.00</u>

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from OCT 1 1996  
through OCT 17, 1996

CALIFORNIA  
1996 FORM **490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

COMMITTEE FOR SUSAN MITCHELL

961523

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

SUBTOTAL \$

## Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 632
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 632

# Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE FOR SUSAN HITCHCOCK

Statement covers period

from OCT 1, 1996

through OCT 19, 1996

CALIFORNIA  
ELECTION FORM 490

Page 4 of 4

I.D. NUMBER

961523

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY)  
CONTRIBUTIONS TO OTHER CANDIDATES  
AND COMMITTEES

"I" - INDEPENDENT EXPENDITURES  
"L" - LITERATURE

"B" - BROADCAST ADVERTISING  
"N" - NEWSPAPER AND PERIODICAL ADVERTISING  
"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS  
"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD  
"T" - TRAVEL, ACCOMMODATIONS AND MEALS  
(MUST BE DESCRIBED)

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING  
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
DUNCAN PRESS 25 W. LOCKFORD LODI CALIF 95240	L	BROCHURES AND YARD SIGNS	1377.05

Important: Contributions and expenditures made out of campaign funds to or on behalf of other  
officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 1,377.05

## Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 1,377.05
2. Payments made this period of under \$100. (Do not itemize.) ..... \$
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) ..... \$
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) ..... \$
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) ..... TOTAL \$ 1,377.05